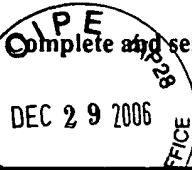


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

30031 7590 10/03/2006

MICHAEL W. HAAS, INTELLECTUAL PROPERTY COUNSEL
RESPIRONICS, INC.
1010 MURRY RIDGE LANE
MURRYSVILLE, PA 15668

Certificate of Mailing or Transmission
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Michael W. Haas	(Depositor's name)
<i>Michael W. Haas</i>	(Signature)
December 29, 2006	(Date)

Express Mail Label No. EV 196264809 US

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/698,743	10/27/2000	Kevin Bowen	99-26	6821

TITLE OF INVENTION: METHOD AND APPARATUS FOR MONITORING AND CONTROLLING A MEDICAL DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	01/03/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS		
DAWSON, GLENN K	3731	128-204210	01/04/2007 HDESTA2	00000067 09698743
			01 FC:1501	1400.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael W. Haas
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

RIC Investments, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wilmington, Delaware, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-0558** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

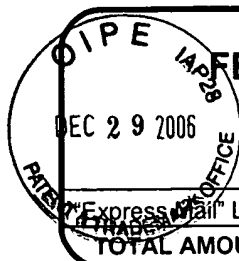
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Michael W. Haas*
 Typed or printed name **Michael W. Haas**

Date **December 29, 2006**
 Registration No. **35,174**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL**

(Effective 12/08/2004)

Application Number	09/698,743
Filing Date	October 27, 2000
First Named Inventor	BOWEN et al.
Confirmation Number	6821
Group Art Unit	3731
Examiner's Name	Dawson, G.
Attorney Docket No.	99-26

Express Mail Label No. EV 196264809 US

TOTAL AMOUNT OF PAYMENT \$ 1,400.00

METHOD OF PAYMENT					FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <u>50-0558</u> Deposit Account Name <u>Respironics, Inc.</u> <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20 <input checked="" type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18					3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S. C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s). Total Sheets _____ Extra Sheets _____ Number of each additional 50 fraction thereof _____ Fee(\$) _____ Fee Paid(\$) _____ _____ -100 = _____ /50 = _____ (round up to a whole number) X 250 = <u>0.00</u>					
2. <input checked="" type="checkbox"/> Payment Enclosed: Check (Check No. <u>417100</u>)					4. ADDITIONAL FEES					
FEE CALCULATION (fees effective 12/08/2004)										
1. BASIC FILING, SEARCH, AND EXAM FEES (Large Entity Only)										
Appln. Type	Filing Fee(\$)	Search Fee(\$)	Exam Fee(\$)	Fees Paid	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
Utility	300	500	200		1051	130	2051	65	Surcharge - late filing fee or declaration	
Design	200	100	130		1811	100	1811	100	Certificate of Correction	
Plant	200	300	160		1812	2,520	1812	2,520	For filing a request for reexamination	
Reissue	300	500	600		576	25	576	25	Additional filing receipt, duplicate or corrected due to applicant error	
Provisional	200	0	0		1251	120	2251	60	Extension for response within first month	
SUBTOTAL (1) \$ 0.00					1252	450	2252	225	Extension for response within second month	
2. CLAIMS					1253	1,020	2253	510	Extension for response within third month	
Total Claims	_____	_____	_____	_____	1254	1,590	2254	795	Extension for response within fourth month	
Ind. Claims	_____	_____	_____	_____	1255	2,160	2255	1,080	Extension for response within fifth month	
Multiple Dependent Claims add 360 = _____					1401	500	2401	250	Notice of Appeal	
* Enter Highest Number Previous Paid For _____					1402	500	2402	250	Filing a brief in support of an appeal	
Large Entity Fee (\$)	_____	Small Entity Fee (\$)	_____	_____	1403	1,000	2403	500	Request for oral hearing	
1202	50	2202	25	Claims in excess of 20	1452	500	2452	250	Petition to revive unavoidably abandoned application	
1201	200	2201	100	Independent claims in excess of 3	1453	1,500	2453	750	Petition to revive unintentionally abandoned application	
1203	360	2203	180	Multiple dependent claim	1501	1,400	2501	700	Utility issue fee (or reissue)	1,400.00
1204	200	2204	100	Reissue independent claims over original patent	1502	800	2502	400	Design issue fee	
1205	50	2205	25	Reissue claims in excess of 20 and over original patent	1814	130	2814	65	Statutory Disclaimer	
SUBTOTAL (2) \$ 0.00					1460	130	1460	130	Petitions to the Director	
					1807	50	1807	50	Petitions related to provisional applications	
					1806	180	1806	180	Submission of Information Disclosure Stmt	
					8021	40	8021	40	Recording each patent assignment per property (times number of property)	
					1801	790	2801	395	Request for Continued Examination	
					1504	300	1504	300	Publication Fee	
					Other Fee (specify) _____					
SUBTOTAL (3) \$ 1,400.00										

SUBMITTED BY				
Typed or Printed Name	Michael W. Haas		Reg. Number	35,174
Signature	<i>Michael W. Haas</i>	Date	December 29, 2006	Deposit Account Number 50-0558